

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING D.	
							APPLICANT(S)		10/069986	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14	1						64			
15							65			
16							66			
17							67			
18							68			
19							69			
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30							80			
31							81			
32							82			
33							83			
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35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	2						TOTAL CLAIMS			